

# Personal and Financial Log Book



Name	
Date	

Snapshot<sup>TM</sup>

**This document is an important planning tool that helps your Advisor better understand your personal and financial goals so, together, you can reach them sooner.**

Take the time to complete the information as thoroughly as you can. Doing so will give your Advisor a more complete picture of your investment, insurance, and estate planning needs. If you're not sure of an answer, you can leave it blank and discuss it later with your Advisor.

Not only is this document a convenient way to keep a better handle on your personal and financial information, it also becomes an invaluable tool for your loved ones should anything happen to you.

Share this document with your Advisor, and keep a copy for yourself in a secure location.



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## Personal information

### General information

#### For you

Your name			
Date of birth		S.I.N.	
Driver's licence number			

#### Employment

Employer/Company		Occupation	
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#### For your spouse/partner

Name			
Date of birth		S.I.N.	
Driver's licence number			
Is this a first marriage/ relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

#### Employment

Employer/Company		Occupation	
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#### For your children

Name			
Date of birth		Phone number	
Address			
Name			
Date of birth		Phone number	
Address			
Name			
Date of birth		Phone number	
Address			
Name			
Date of birth		Phone number	
Address			

## Financial information

### Investment accounts

Please specify the type of accounts you hold (i.e. RRSPs, RRIFs, locked-in accounts, cash accounts, margin accounts, RESPs, TFSAs, annuities, etc.)

Type of account		Approximate value	
Account number		Ownership	<input type="checkbox"/> You <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
Firm		Beneficiary	
Type of account		Approximate value	
Account number		Ownership	<input type="checkbox"/> You <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
Firm		Beneficiary	
Type of account		Approximate value	
Account number		Ownership	<input type="checkbox"/> You <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
Firm		Beneficiary	

Investment accounts (continued)			
Type of account		Approximate value	
Account number		Ownership	<input type="checkbox"/> You <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
Firm		Beneficiary	
Type of account		Approximate value	
Account number		Ownership	<input type="checkbox"/> You <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
Firm		Beneficiary	
Type of account		Approximate value	
Account number		Ownership	<input type="checkbox"/> You <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
Firm		Beneficiary	
Non-financial assets (i.e. vehicles, furniture, collectibles, miscellaneous)			
Type		Estimated amount	
Type		Estimated amount	
Type		Estimated amount	
Type		Estimated amount	
Type		Estimated amount	
Type		Estimated amount	
Property			
Main residence: address			
Names on Title(s)			
Purchase date		Purchase price	
Current taxes		Property number	
Mortgage: name of financial institution		Phone number	
Name of broker		Email address	
Mortgage number		Effective date	
Mortgage interest rate		Payment frequency	
Current balance		End of mortgage date	
Is your mortgage insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other property (i.e. summer residence, investment or rental property)			
Address			
Names on Title(s)			
Purchase date		Purchase price	
Current taxes		Property number	
Mortgage: name of financial institution		Phone number	
Name of broker		Email address	
Mortgage number		Effective date	
Mortgage interest rate		Payment frequency	
Current balance		End of mortgage date	
Is your mortgage insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Other property (continued)			
Address			
Names on Title(s)			
Purchase date		Purchase price	
Current taxes		Property number	
Mortgage: name of financial institution		Phone number	
Name of broker		Email address	
Mortgage number		Effective date	
Mortgage interest rate		Payment frequency	
Current balance		End of mortgage date	
Is your mortgage insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment income			
For you			
Gross annual income		Bonus	
Commissions		Employee share plan benefits	
Group RRSP/match			
Other income			
For your spouse/partner			
Gross annual income		Bonus	
Commissions		Employee share plan benefits	
Group RRSP/match			
Other income			
Insurance			
Please specify the type of insurance products you hold (i.e. term, whole life, universal, mortgage, group, disability, critical illness, long-term care, credit card, line of credit, etc.)			
Insurer		Agent's name	
Phone number		Email address	
Type		Policy number	
Beneficiary			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Face value/coverage amount		Insured	
Policy location			
Insurer		Agent's name	
Phone number		Email address	
Type		Policy number	
Beneficiary			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Face value/coverage amount		Insured	
Policy location			

Insurance (continued)			
Insurer		Agent's name	
Phone number		Email address	
Type		Policy number	
Beneficiary			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Face value/coverage amount		Insured	
Policy location			
Insurer		Agent's name	
Phone number		Email address	
Type		Policy number	
Beneficiary			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Face value/coverage amount		Insured	
Policy location			
Insurer		Agent's name	
Phone number		Email address	
Type		Policy number	
Beneficiary			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Face value/coverage amount		Insured	
Policy location			
Insurer		Agent's name	
Phone number		Email address	
Type		Policy number	
Beneficiary			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Face value/coverage amount		Insured	
Policy location			
Pension plans			
For you			
Defined benefit		Defined contribution	
Deferred profit share purchase		Group RRSP	
Company name		Phone number	
Employee/plan number		Annual amount (\$)	
Start age		End age	
Bridge benefit (\$)		Survivor benefit (%)	
Defined benefit		Defined contribution	
Deferred profit share purchase		Group RRSP	
Company name		Phone number	



<b>For you (continued)</b>			
Employee/plan number		Annual amount (\$)	
Start age		End age	
Bridge benefit (\$)		Survivor benefit (%)	
<b>For your spouse/partner</b>			
Defined benefit		Defined contribution	
Deferred profit share purchase		Group RRSP	
Company name		Phone number	
Employee/plan number		Annual amount (\$)	
Start age		End age	
Bridge benefit (\$)		Survivor benefit (%)	
Defined benefit		Defined contribution	
Deferred profit share purchase		Group RRSP	
Company name		Phone number	
Employee/plan number		Annual amount (\$)	
Start age		End age	
Bridge benefit (\$)		Survivor benefit (%)	
<b>Liabilities</b>			
<b>Loans</b>			
Type of loan			
Amount owing		Financial institution	
Is the loan insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of loan			
Amount owing		Financial institution	
Is the loan insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of loan			
Amount owing		Financial institution	
Is the loan insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of loan			
Amount owing		Financial institution	
Is the loan insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Credit cards</b>			
Type of card			
Amount owing		Financial institution	
Type of card			
Amount owing		Financial institution	
Type of card			
Amount owing		Financial institution	

<b>Outstanding bills</b>			
Type of bill			
Amount owing		Company	
Type of bill			
Amount owing		Company	
Type of bill			
Amount owing		Company	
<b>Taxes</b>			
Type of tax			
Amount owing			
Type of tax			
Amount owing			
Type of tax			
Amount owing			
<b>Vehicles</b>			
Type of vehicle		Debit amount	
Monthly payment		Interest rate	
Type of vehicle		Debit amount	
Monthly payment		Interest rate	
Type of vehicle		Debit amount	
Monthly payment		Interest rate	
<b>Other</b>			
Type			
Amount owing		Company	
Type			
Amount owing		Company	
Type			
Amount owing		Company	
<b>Your business</b>			
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Partner's name			
Address			
Phone number		Email address	
Who is the business owner?	<input type="checkbox"/> You <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint		
<b>Business banking</b>			
Firm		Account number	
Address			
Contact name		Phone number	
Email address			

## Professional contacts

### Power Attorney

#### For you

<input type="checkbox"/> Property	<input type="checkbox"/> Personal care	Location of document	
Name of Attorney			
Address			
Phone number		Email address	

<input type="checkbox"/> Property	<input type="checkbox"/> Personal care	Location of document	
Name of Attorney			
Address			
Phone number		Email address	

#### For your spouse/partner

<input type="checkbox"/> Property	<input type="checkbox"/> Personal care	Location of document	
Name of Attorney			
Address			
Phone number		Email address	

<input type="checkbox"/> Property	<input type="checkbox"/> Personal care	Location of document	
Name of Attorney			
Address			
Phone number		Email address	

### Financial Advisors

Name		Role	<input type="checkbox"/> Pre-retirement	<input type="checkbox"/> Retirement	<input type="checkbox"/> Upon your death
Firm					
Address					
Phone number		Email address			

Name		Role	<input type="checkbox"/> Pre-retirement	<input type="checkbox"/> Retirement	<input type="checkbox"/> Upon your death
Firm					
Address					
Phone number		Email address			

Name		Role	<input type="checkbox"/> Pre-retirement	<input type="checkbox"/> Retirement	<input type="checkbox"/> Upon your death
Firm					
Address					
Phone number		Email address			

Personal Banking			
Name(s) of account holder(s)		Firm	
Address			
Account number		Ownership	<input type="checkbox"/> Individual <input type="checkbox"/> Joint
Type		Contact name	
Phone number		Email address	
Name(s) of account holder(s)		Firm	
Address			
Account number		Ownership	<input type="checkbox"/> Individual <input type="checkbox"/> Joint
Type		Contact name	
Phone number		Email address	
Name(s) of account holder(s)		Firm	
Address			
Account number		Ownership	<input type="checkbox"/> Individual <input type="checkbox"/> Joint
Type		Contact name	
Phone number		Email address	
Lawyer/notary			
For you			
Name		Firm	
Phone number		Email address	
Name		Firm	
Phone number		Email address	
For your spouse/partner			
Name		Firm	
Phone number		Email address	
Name		Firm	
Phone number		Email address	
Accountants			
Name		Firm	
Phone number		Email address	
Name		Firm	
Phone number		Email address	

## Estate planning

Wills			
For you			
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Will	
Date of last Will		Executor/Executrix	
Address			
Phone number		Email address	

<b>For your spouse/partner</b>			
Does your spouse/partner have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Will	
Date of last Will		Executor/Executrix	
Address			
Phone number		Email address	
<b>Valuable documents</b>			
Name of the person to contact who is aware of the location of your important documents			
Relationship		Phone number	
<b>Funeral arrangements</b>			
<b>For you</b>			
Name of funeral home			
Address			
Contact name		Phone number	
Have you pre-paid your funeral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount pre-paid for funeral	
Details of any arrangements			
<b>For your spouse/partner</b>			
Name of funeral home			
Address			
Contact name		Phone number	
Have you pre-paid your funeral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount pre-paid for funeral	
Details of any arrangements			
<b>Cemetery plot</b>			
<b>For you</b>			
Name of cemetery			
Address			
Burial plot or site number			
Contact name		Phone number	
<b>For your spouse/partner</b>			
Name of cemetery			
Address			
Burial plot or site number			
Contact name		Phone number	

## Memberships

### Rewards/points cards

I hold the following rewards/points cards (i.e. Air Miles, Aeroplan, HBC Rewards):

Type of card		Account number	
Name on card		Expiry date	
Type of card		Account number	
Name on card		Expiry date	
Type of card		Account number	
Name on card		Expiry date	
Type of card		Account number	
Name on card		Expiry date	
Type of card		Account number	
Name on card		Expiry date	
Type of card		Account number	
Name on card		Expiry date	

### Clubs and associations

Name			
Address			
Phone number		Annual membership fees	
Who belongs to this club/association?	<input type="checkbox"/> Me <input type="checkbox"/> My spouse/partner <input type="checkbox"/> My children	Death benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name			
Address			
Phone number		Annual membership fees	
Who belongs to this club/association?	<input type="checkbox"/> Me <input type="checkbox"/> My spouse/partner <input type="checkbox"/> My children	Death benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name			
Address			
Phone number		Annual membership fees	
Who belongs to this club/association?	<input type="checkbox"/> Me <input type="checkbox"/> My spouse/partner <input type="checkbox"/> My children	Death benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name			
Address			
Phone number		Annual membership fees	
Who belongs to this club/association?	<input type="checkbox"/> Me <input type="checkbox"/> My spouse/partner <input type="checkbox"/> My children	Death benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Notes

